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THE NEED OF ORIENTATION.*

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The opening paragraph of Professor Reudiger's "Principles of Education" is entitled The Need of Orientation. The writer proceeds as follows: "It is well, when beginning to work in a new department of knowledge, to orientate oneself by taking a brief view of the entire field of which the particular subject in hand forms a part." Later he says, "The problem of the content of the educational field may be effectively approached by asking of what the professional training of the teacher (for Professor Reudiger is dealing with the preparation of teachers) should consist; what are the activities for which the teacher in training must prepare, and what are the subjects that will minister to their preparation?" The need of such a study is strongly evidenced by the great variations in the preparation of those who are practising the comparatively new profession of nursing, a profession whose activities are already numerous, the demands upon whose members are very varied, and whose growth in numbers has been greatly engendered by the evolutionary process that has turned women in such large numbers into the occupational field, and by the advance in scientific surgery and medicine.

The field of nursing, briefly defined, is under the direction of the doctor, the care of the sick in the community of all classes, of all ages, with all forms of diseases; the acutely sick, the convalescent, the chronic. The activities fall into three groups: private duty, the care of the sick in the home; institutional, administrators, teachers, and pupils; public health, visiting nurses, social service, school, infant mortality, etc.

Those who are practising in this field: It has been stated that the occupational statistics of the United States show that one hundred thousand women are practising nursing, one out of ten, only, being hospital trained. We believe that the number practising is greatly underestimated. The American Nurses' Association reports over twenty thousand, all of whom have received their preparation in hospitals. There is little reason to doubt the accuracy of the statement concerning the proportion of hospital trained to untrained. One correspondence school—and there are a number of these schools in New York alone—reported

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three thousand in its last graduating class, while the total number of pupils reported in 123 registered schools in New York State in 1912 was 3,623, the number graduating being only 1,184. It is said that the largest school west of New York reports only a few over 600 graduates in twenty years. One correspondence school reports twelve thousand graduates in ten years. There is, moreover, no law in this State that debars anyone from calling herself a nurse and practising as such. Ninety per cent., therefore, of the women now practising nursing have either had no preparation whatsoever, or have been prepared through correspondence courses or in the so-called short-course schools, which means a few months' experience in the homes of the sick, together with some theoretical instruction. The announcements of these schools are alluring and unquestionably deflect many women from the hospital preparation. I beg to submit a few samples:

"We provide students with practical experience, either in one of the many hospitals with which we are affiliated, in this and many other cities, or under a physician near her home, who acts as local instructor. All of our lectures are prepared, and examinations graded, by our faculty of physicians, who are in the front ranks of the medical profession, some having national reputations. Our graduates are successful and earn from $15 to $30 per week. Six months is the length of time generally required for an average student to complete the work on lectures."

"Nellie W. earns $18 to $30 a week.—Miss W. earned between $700 and $800 from her first case, which we supplied her, at $18 a week."

"Our system is so thorough that not one in 100 of our students fails to pass in the final oral examination. If one should fail, we would give her another opportunity."

Letter issued to Registries for Nurses:

"DEAR FRIEND: We desire to interest you in the employment of our student nurses, at undergraduates' salary, for mutual benefit. We are not a Nurses' Registry or Agency, and do not care to become one. We prefer employment to come through regular registries, to whom all commissions are paid, as we do not accept them. We presume your registry has calls for and gives employment to undergraduate nurses. Instead of the ordinary practical nurse, we believe you would prefer one educated in her work as well as experienced, because safer, giving better satisfaction and being a credit to the registry. Our student nurses have by their study, thorough teaching upon every point, and practice attained a reputation for giving satisfaction that merits their liberal patronage. They are especially prepared for attending contagious cases, and their work in obstetrics is highly commended."

A brief consideration of the preparation of the 10 per cent. who are hospital trained will be of interest. The training may have been

obtained in general or special hospitals or sanatoria, having a daily average of from six patients to four thousand, and cared for in houses more or less remodelled for the purpose, or in the most perfectly constructed and completely equipped hospitals. In New York State, institutions registered by the Regents are required to have fifty beds and a daily average of thirty patients; there is no law, however, that debars any institution for the care of the sick from maintaining a training school. The minimum length of the course, except in hospitals offering experience to graduate nurses or pupils in training from other schools, is a year, the maximum four, the average length being three years. The experience may include all branches or may be limited to one, regardless of the length of the course. A large per cent. of the so-called general hospitals should be entered under the head of special. A study of the registered schools in New York showed the division of cases in 75 per cent. to be as follows: surgery 18, medical 8, children 4, obstetrics 2. Experience in certain branches is required of the registered schools in New York State. The age of admission is from 17 to 40 or over. The tendency is, however, toward the admission of the younger pupils, and, with the curious reversal of the usual order of things that seems to prevail in training schools, the youngest and most limited educationally, with a few notable exceptions, are found in the institutions for mental diseases and for infants and children, though it would seem that for the care of the child and the irrational patient would be required the highest intelligence and the most mature judgment. The more limited pupils, from the standpoint of age and education, are also found in the general hospitals that offer the fewest advantages from every standpoint,—that is to say, those most limited in clinical material, in the number of supervisors and instructors, with inadequately equipped departments, whose schools are without libraries or class-room, and whose pupils are lodged in overcrowded dormitories.

Until recently no emphasis was placed on the educational qualifications of the candidate, and as long as the supply exceeded the demand, inasmuch as the more highly educated woman almost invariably proved herself to be the better subject for training, the importance of a standard was not appreciated. No such selection can obtain to-day, and the educational range is from the seventh grade, grammar, to the full college course. The pupils are not graded upon admission according to their educational qualifications, all being entered on the same basis. The curriculi from the standpoint of the subjects are fairly uniform. The number of hours devoted to theory, however, presents great variations, ranging from 74 to 822 for the entire course, the weekly average being from two to three hours, while the weekly average in practical experience is 67 hours a day, except in the hospitals for the insane, where it averages 77, and at night the average is almost universally 84; hours that

would not seem to accord with the desires of the community as expressed in the 54-hour labor law for women and children recently passed in this State. The variations in the number of the administrative and teaching force is as great as in the number of hours of theory. The fifty-bed hospital may provide a superintendent of the hospital who is also superintendent of the training school, without graduate assistants, and twelve to fourteen voluntary lecturers, or may provide an administrative and teaching staff numbering from five to six. The same variations exist in the larger hospitals—the theory of one branch may be given in the first year, the practical experience in this branch may not be given until the last or may not be given at all. Anatomy and physiology may be repeated year after year to the entire school, or it may be given in the first few months of a comprehensive and complete preparatory course. But little attention appears to be paid to the changes in medicine or in modern aspect toward disease. With many periods allotted to hygiene and sanitation in the secondary schools, with much emphasis placed on the necessity of a thorough knowledge of these subjects on the part of the teachers, with the popular magazines and newspapers giving much space to it, the future public-health agent, the pupil nurse, whose long hours leave little time for the obtaining of knowledge from current literature, is given an average of from six to eight hours' instruction in this subject. The annual reports of registered schools show that the hours devoted to this course range from one to seventy-two. Despite the tendency to depreciate the value of drugs and emphasize the value of diets, the hours allotted to materia medica, though reported as from eight to eighty-four, average twenty-five, while the course in dietetics is very generally limited to twelve.

From this incomplete and fragmentary presentation of the preparation of the nurse, into which much might be read that has not been said, it is not difficult to conceive that there should be dissatisfaction, and justifiable dissatisfaction, on the part of the public, the doctor, and the profession, with the existing conditions in nursing. What it is difficult to conceive is that such conditions should be allowed to exist. To place the sick in the hands of such a heterogenous body, turning out of the room the mother, whose maternal instinct and maternal love are no mean factors in a correct perception of the physical conditions of her child, or those members of the family whose experience in life, together with the advantage of a broad education, have made them keen and intelligent observers, and whose ministrations from many standpoints would be more acceptable, is contrary to all the doctrines and methods that obtain to-day. For the practice of all professions, and even some of the trades, a license is required to protect the public from fraud and incompetence. If this is an age of specialization, it is also an age that appreciates that specialization, to be sound and effective, must have a

broad general knowledge for its foundation. Never was so much emphasis laid on the value of intelligent labor. What is the great educationai system but a machine for the production of intelligent citizens, and a machine whose component parts are being constantly readjusted to meet new needs as expressed in new activities, making for the greatest output of the individual, with the least possible expenditure of time, money and energy?

Says Bagley*: "There is at the present time a marked tendency so

* Bagley's *Educational Values*, page 148.

to reorganize the scientific work of the high schools, that a direct utilitarian value will be more frequently realized. The introduction of specialized courses in agriculture, mechanics and household science cannot fail to have a reflex influence upon the teaching of the basic sciences, emphasizing their practical phases, showing at every point the large improvement and economy that come from a rational rather than from an empirical procedure, and, above all, giving the pupils actual practice in the application of principles to everyday problems."

There are few trades, and certainly no occupations, that have the elements of a profession that do not require at least two years of the high school. In the past two years not an inconsiderable number of educators have been approached concerning the academic qualifications to be required for the profession of nursing, and also with the hope of a closer affiliation between our schools and the general educational system. We have been met on every hand more than half way by the principals of the high schools and also by the faculties of the colleges, for the need of a closer affiliation between the university and the schools of medicine and nursing is being generally appreciated, as a need of a closer affiliation between the secondary schools and occupations of a less educational nature. Under the existing conditions it was generally felt that little could be done. I think it could be correctly stated as the consensus of opinion, however, that at least the full high school should be required for admission to schools of nursing; many expressed astonishment that this was not the requirement.

Said the First Assistant Commissioner of Education, in an address read before the New York State Nurses' Association: "I submit that when the law placed the age at twenty-one years, it assumed that the candidates for admission to these training schools should have at least a high school education. Girls graduate from the high school at an average age of less than nineteen—eighteen and a fraction. It was never thought that this would not be the educational preliminary requirement for admission to a nurse training school.

"There is to-day almost no occupation that requires skill and expertness that does not demand two years of a high school training, at least, of those who would enter upon training."

Said Professor Winslow, in an address presented before the American Nurses' Association on The Rôle of the Visiting Nurse in the Campaign for Public Health: "All this requires, obviously enough, a highly trained and specialized expert. I have no knowledge of the requisites for sick nursing, but it is quite clear that in public health work the visiting nurse must be no empirically trained upper bedside servant. She must understand thoroughly the general fundamental laws of hygiene and sanitation, which means a mastery of the principles of physiology and bacteriology, and she must have a minute grasp of their special applications in the field of her own work, whether it be school nursing, tuberculosis nursing or infant hygiene. She must know these things, not merely as a practitioner, but as a teacher, which means not only a knowledge of details, but a vision of their right relationship and a talent for effective presentation." If this is what is required of the visiting nurse, I maintain that it is required for the nurse in private duty. I cannot see the nurse, wherever she is found, as other than a public health servant; in the private house, a resident agent for the prevention, as much as the remedying, of disease, and one whose opportunities for social service are as unlimited as those of her sister, the visiting nurse; and I contend that every nurse, to be an effective agent in the conservation of that great national resource, the public health, and to intelligently co-operate to that end with the medical profession, should have a broad general education, not less than a full high school course, her studies there to be directed toward her later professional preparation. Upon the completion of the high school course she should enter upon her three years' professional preparation. For three years it should be, except for the college graduate, for whom a time allowance, possibly not to exceed a year, should be provided, and since, to quote again the First Assistant Commissioner, "no institution is a school within the meaning of the law that from the beginning gives its pupils a super-amount of practice without adequate grounding in the principles and theory," not less than four months, and preferably eight months, should be devoted to such theoretical preparation, in central schools of nursing or departments of nursing in the colleges, for it has been clearly demonstrated that the burden and expense of such preparatory preparation cannot and should not be carried by the already overburdened hospital. The preliminary professional preparation must be followed by not less than two years' practical experience in the hospital, the units of such experience to be determined by the vital statistics, not by what the individual intsitution has to offer, with a definite period apportioned for each branch. Roughly estimated, as we see the need to-day, this might be: medical nursing four months, surgical nursing four months, pædiatrics three months, obstetrics two months, mental diseases three months, tuberculosis three months, operat-

ing-room technic two months, dispensary one month, making a total of twenty-two months, and should include the care of both private and ward patients. The experience in each of these branches should be intensive: by this we mean that the entire time of the pupil should be devoted to the actual *nursing* care of the sick, in properly equipped departments, with a sufficient amount of clinical material to insure a thorough knowledge in the different phases of the different branches and under a competent and sufficient supervising and teaching staff, with the proper correlation of theory and practice.

For those desiring to specialize in any one branch or in the different activities, additional preparation should be required, of from three months to a year, according to the specialty. Furthermore, to insure that this shall be the preparation, and to make clear to the public who are so prepared, it should be required by law that all who practise this profession shall be licensed by registration.

It was not my purpose to present to-night such a study as Reudiger outlined. I would I might have read my paper by title, for it epitomized all that I had to say. I do wish to emphasize, however, the urgent need of determining upon a minimum general and professional preparation of the nurse, and, by such a rational method as Reudiger outlined, completely divorcing for the moment all consideration of the need of the hospital for a free nursing service, or of the public for a cheap article, believing that the conclusions so reached will be for the ultimate benefit of all member of the community, rich or poor. Cheap nursing for the poor, on careful analysis, will prove to be very costly nursing for the community.

If there is another body or class of workers needed, it will come into existence; we believe, indeed, that such a class is here, and is only waiting to come into an orderly existence, for the field of the more important worker, the nurse, to be defined. This body, too, sooner or later, if it demonstrates its right to exist by its usefulness, will probably also require to be regulated by law, and the scope of its work defined. It should be designated by a name distinctly different from that of the nurse, and already such a name appears to have been applied—the attendant. If the doctor and the family are satisfied to relegate their sick into her hands, well and good. Our responsibility ceases; our point has been made when the line of demarcation is clear. There is no confusion to-day between the doctor and the nurse. When the family has engaged the nurse it knows that it has not engaged a doctor; it does not know, however, that it has not engaged an untrained attendant. From the statistics previously presented it is not unreasonable to imagine that, in nine out of ten cases, this is what it has, and probably unwittingly, procured.

We have no fear, with proper legal protection, of the encroachment

of the attendant upon the domain of the nurse. We do not understand that any decrease resulted in the ranks of the medical profession with the advent of the nurse; what we do understand is, though we may be mistaken, that the medical profession is vigorously protesting against an increase in its numbers at the cost of its standards, and, therefore, ultimately, at the cost of the public health.

Into this effort to standardize nursing should not be read an encroachment upon the domain of medicine; what could and should be read into it is a great tribute to the members of the medical profession, for it is they who are responsible for the largeness of our concept. Through their eyes we have grasped the significance of intelligent, accurate detail work in the care of the sick. It is our realization that the great truths which they are seeking may be imperilled, or may be hastened in no small measure, by these agents, that impels us to strive so earnestly and unremittingly for higher and better standards. The standards we are striving for, for the protection of their scientific conclusions alone, the medical profession should demand.

PRACTICAL NURSING VERSUS IDEALISM.

By Miss J. F. Botting, Montreal.

Clothes and food are such material things and so common. Anybody can eat and wear clothes, and so prevalent have the practices of eating and dressing become that even should a trained nurse, conscious of the weakening influence of following when born to lead, resolve to innovate and save to herself a little originality of purpose and practice along other lines—Alas! She might get along without the clothes and keep to uniform, but she would have a battle royal with herself when beefsteak odors came to her from two-thirds of the houses on the street every day at noon, yes, even a cabbage smell would soon become irresistably ravishing.

Well, then, what about it?

Does a nurse carry on her work to make a living, and if she does, is it really nice of her?

And do the really nice nurses, the made-in-heaven ones, do it?

The answer to the question can perhaps best be made by applying the answer given by a very religious old cobbler to a man who inquired of him what he did for a living. He replied: "I serve the Lord for a living, but I mend shoes to pay expenses."

And I imagine he was lots happier and easier in his mind when he had lots of shoes to mend, though his primary object in life might have been serving the Lord.

And a nurse must do something to "pay expenses." Not nursing, of course, she nurses to alleviate the sufferings of her fellow-creatures,

but she becomes a member of a fixed rate nursing association and sends in her bills to pay expenses.

The fact of the matter is that in large Canadian cities there is not now the actual need for the amount of self-sacrifice on the part of the individual nurse, that there is in smaller places, nor such as has been the need in these cities in years gone by.

In large Canadian cities, and to some extent in smaller places, more or less organized efforts are made to look after the poor, and the sick, whether rich or poor.

At another time, if I am given another opportunity to speak to nurses through the pages of THE CANADIAN NURSE I should like to speak of the inter-relations of the nurses employed by hospitals and nursing associations and private nurses. But at this time I must not ask for space to do this as it could not be done fairly nor at all convincingly without going into details that would of necessity cover a great deal of ground that we do not really need for our present purpose. But we must touch upon the subject sufficiently to divide up responsibilities.

When Jeanne Mance started what is now "The Hotel Dieu" in Montreal, she was nursing staff and organization in one. That is, she instituted a scheme of nursing and became responsible for carrying it out. In the same way many a nurse in Labrador, South Africa and other out-of-the-world places, or even in country places and small towns where the need of nursing care is great and the number of nurses few, many of these nurses have to assume responsibilities that nurses in the large cities *should not* be asked to assume, nor should they not be so short-sighted as to suppose it their duty to assume them. To my mind, when hospitals and nursing associations are prepared to look after the needs of the sick poor of the cities: when these organizations get the credit of doing this work and are supplied with funds by the citizens, the wealthy and those who are not wealthy but who wish to aid in this good work; when in this way personal responsibilities are swallowed up by united effort and in a sense, public funds, the individual nurse in these cities is not the individual from whom *charitable* work is to be expected. There may be cases where it is to be expected of her, where, indeed, it would be a sad reflection upon her profession if she failed to perform her duty along these lines. But it is more often than not the case that either a nurse has been blindly credulous or hopelessly misguided by what to her looked like personal interest or necessity; or over-influenced or even coerced into self-destroying over-work by the organization employing her, or the doctor for whom she is nursing, or the family in which she is nursing, when she assumes responsibilities that ought to belong to some hospital or nursing organization, and would in all probability be gladly undertaken by either if the doctor or

the patient's people or the nurse herself were not to blame for wresting responsibilities for unworthy or misguided reasons. We have said that hospitals are designed to, and do, take care of a great many poor people in large cities.

True, a great many people in straightened circumstances prefer to be nursed at home and love to have a nurse come and care for them, but cannot understand why she should charge a fee even of two dollars a day, or why she should ask for relief or outdoor exercise. Now, is a nurse with her own living to earn and her own health to consider, to be expected to reduce her fee by a half or a third in order to take care of these people simply because they *prefer* home nursing to a hospital?

These, too, are the people often that can criticize every real fault a nurse has, and magnify into full life the foreshadowing of those little white faults that are coming, beside imagining every fearless, sensible stand the nurse takes in self-protection to be a most glaring fault. "She expects to get the air every day." "She expects to sleep," etc.

Is a nurse hard-hearted or is she simply level-headed who, when she is approached to nurse cases of this kind, proceeds to inquire whether the case demands the self-sacrifice, whether it might just as well as not go to a hospital or be taken care of either by friends who should be responsible or by a nurse who would have her full fee paid by these friends, who would also see that she has rest and exercise in the open air. But the doctor may not want the patient to go to the hospital, and may expect the nurse, *as a favour to him*, to nurse the case at a reduced fee. Perhaps he will have a poor opinion of her if she does not.

There is a type of doctor who will ask largely for favours from a nurse, or more often will expect her to nurse for him with an eye single to his interests, though he may not put any plea for favours in the form of words.

All this is for the return of his good opinion and the promise of his work. Doctors of this type may even ask these favours, knowing that some arrangement on the patient's part could be made whereby the nurse would not have to sacrifice so much. They, moreover, change their opinion of the nurse upon very slight provocation sometimes, and forget the promise of their work very easily, if some other nurse who pleases them better or will do more for them comes along. This is the kind of doctor usually who does not feel bound to reduce his own fee for poor cases, does not risk his standing with the patient's family by undertaking to arrange with them about the nurse's comfort in any way and cannot be persuaded to get out of bed in the middle of the night to visit a case for anything less than death—or twins.

Must the nurse always try to keep matters going smoothly with doctors like these? I think not.

He may cease to employ a nurse who will not do everything he asks of her, he may even run off to some undergraduate register for a time. But a good nurse can get along without him much easier than he can get along without her, and nurses like her. One or two nurses from an undergraduate register may serve to awaken him.

If not he will likely feel more at home with undergraduates anyway, and they with him, and why interrupt the harmony? His twin-brother is the man who *moralizes* about the nurse's fees. He may be, and I was going to say, usually is, an elder or deacon in some church to which he goes every Sunday morning, in long coat and silk hat, and sits gazing piously at the minister with the expression of a long-metre hymn on his face. But he is a Philistine nevertheless, though a very plausible, oily one except when he gets angry and swears, as he has been known to do. However, he is better than still another brother of his who is so "oily" that he never allows himself to forget and swear, but keeps silent and plans some way of getting even instead.

These very lovable brethren talk of the atrocity of a nurse charging big fees to care for sick people (they increase theirs as often as they dare), it is wrong to do it, and quite unnecessary. If nurses nowadays did not wear silk petticoats and things of that kind there would be no need to charge two dollars and a half a day." This last statement is a really, truly quotation from one of these doctors in Montreal, at the time when private nurses were charging two dollars and a half a day. We shall not even stop to contend that a nurse who has managed to keep her health and has been able to work and save money with which to buy silk petticoats and *things*, is as much entitled to wear them (provided the things are nothing really bad—no worse than hobble-skirts), as he was entitled to his silk hat bought at the expense of some poor, dear patient's pain.

As to the fee—well, I have things to say about it myself—next time. This time I shall just say that if a nurse must be obliged by any association to charge a *fixed* fee, then she should begin at once to be inventive and figure how to get around it sometimes. I do not mean anything shocking—just this.

If I am so situated that I cannot refuse a poor case because it is a case for a private nurse and not for a hospital; if, in fact, I wouldn't think of refusing it under the circumstances, and yet I feel that a fee of three dollars a day could not be thought of. There are things I can do without failing in the letter of my obligations to the nursing association. I can nurse as long as my humanity will let me at three dollars a day and then give my services for the rest of the case. I can give my services out-and-out. I can charge three dollars a day for the whole case and then head a subscription for the patient in a rather liberal way.

I can make out my three-dollar-a-day bill and then cut it in two.

Not very shocking! And in each case you observe I charged three dollars a day—except when I charged nothing. But let me impress this thought: Unless a nurse allows herself to be played upon, it is my opinion that in a large city, in the year nineteen hundred and fourteen, cases of this kind do not often come in a nurse's way—there is usually some person or persons or some hospital or nursing organization to assume responsibility, instead of some nurse, who has a hard enough time to make her way in the world. It is especially wise to have a good, long perspective in nursing. In the days when we had to bother with "vanishing points," "lines of vision" and other worries, we wondered what use we would ever make of it all. But we didn't know that we would happy and that she is at an expense on account of not being able to in which we made our own living by the sweat of our brows—or the soiling of our bibs.

So if a nurse finds herself in a home where great economy has to be practised, where the sick husband worries over expenses and the well wife talks expenses.

If the man stays sick a long time and keeps on getting sicker until the poor nursie finds that if she is to get any sleep she must have another nurse to help her; if the wife now *weeps* expenses and the husband *frets* expenses, what is the nurse likely to do?

She *may*, and often *does*, get along alone, goes without sleep or with so little that her brain is half dizzy all the time and her back never gets the ache out of it. She doesn't give the wrong powder nor any powder at the wrong time but—she might very easily. Then the patient dies—all but, and she goes with less and less sleep, is just able to keep up till she, professionally speaking, pulls him over the last ditch and gets him on the winning side. Then, despite the fact that she begins to get more sleep and has easier work, she can't "catch up," and still keep on duty; so by the time she leaves the case, she is a candidate for bed, and is off duty for weeks, may be months in a hospital. Then she realizes that those people have a comfortable home, are well and happy and that she is at an expense on account of not being able ti work, that consumes the money she made on her last case so rapidly that before she has been off duty as long as she was on her case, the money made on that case is gone.

Now the trouble is she compared her circumstances with those people's circumstances, too late. Do that in perspective. Say to thy soul: "O nurse, this is the day of trouble for these people. The outlay is great just now and the income limited. But this kind of thing does not happen them often. They have had prosperity, they likely will again. In case the man dies his wife has her home, that is more than I have. If he lives it will not take him long to make up for this sickness. Per-

haps they cannot readily afford two nurses now, but they can arrange to pay them and 'make it up' afterwards.

"I'll let them borrow.

"I'll let them mortgage.

"I'll at all events *let* them get another nurse some way."

This may seem heartless, but I speak from experiences that have taught me that the emergency now "on" with an afflicted family may not be nearly so disastrous to them as the emergencies awaiting the nurse may be to her if she does the work of two nurses in trying to tide that family over its difficulties. Especially, I think, should a nurse do a lot of thinking for herself in her business arrangements with nursing institutions of every kind.

Here I think is the greatest danger of overwork and inadequate pay. And as the nurse in safe-guarding herself in her dealings with these institutions, is not dealing with sick people or poor people, but with organizations with more or less money behind them, she will always do well to remember that her dealings with these institutions are *business transactions,* and if carried on on any other basis than value given for value received, she is likely to find that any little presents of time and strength she has been making (for it will always be the nurse who will be over-generous) have gone (in the form of money saved) straight into the coffers of the institution and not, as it appeared to her devoted, unselfish mind to meet pressing needs that could not otherwise be met. I do not mean by this that a nurse should give grudging service, or that she should throw down her tray or hypodermic when seven o'clock strikes (like an Italian workman doing service for the King on the city streets) and walk "off duty," whether her work be finished or not. Nothing is more tiresome than the nurse who is always looking out for herself and fearing that she will be abused or overworked if she *ever* is asked to do anything "not nominated in the bond." But this kind of nurse is the outcome of a system (or lack of system) whereby nurses are overworked and underpaid.

And in speaking of the nursing organizations that are usually guilty of thus treating nurses, I do not refer to the well-organized hospitals that have regular hours of duty for the nurses they employ, but *some* of the little "double-horse" places, run usually by a doctor, and *some* of the nursing associations that are organized and managed by lay persons who, to do them justice, are not in a position to *know* when nurses are overworked; but who, nevertheless, expect such great things for the money that they really work hard to provide, that it becomes pretty hard for the Superintendent (nurse though she be) that they put over their nursing staff, to satisfy them on the one hand and look out for the well-being of the nurses on the other. Then the only thing for the nurses to do is to look out for themselves, not by giving a continual

complaining, grudging service, but by trying to establish permanently pleasant, satisfactory relations between themselves and their employers in a straightforward, business way.

But this is difficult for the individual nurse; difficult but not impossible, even for the individual nurse. And as the question of salary is one that affects all the nurses of an institution or organization, a little co-operative action would make it possible to put before the proper people the nurse's view of matters as cheerfully as these people put before the nurses and the general public, the work from their point of view. Business is business, and there is undeniably a business side to a nurse's life.

There is also the other side. The skeleton of nursing must be value given for value received.

The spirit of nursing must at any cost be service given for which no money value can be returned; work so whole-souled, so unquestioning as to its demand upon the strength, the courage, or even the health of the nurse, that money will not pay for it. Nurses *must* think of the financial side of their work, but they must never forget the *character* of that work. They may have to lose money, they *do* sacrifice health, but they allow no unholy hand to touch their ideals.

When the great question, the *vital first* question, arises, of alleviating suffering and meeting the demand for nurses, whether in hospital, visiting nurse organizations or private nursing the first consideration cannot be business nor money. The sick and suffering must be cared for whether there be money to pay for the nurses or not. But nurses must not *take it for granted* that there is no money just because there doesn't seem to be much. And, above all things, no nurse should allow herself to become so credulous as to believe that her salary is more than it is, just because some committee tells her it is, or she reads that committee's report in the newspaper. Uniform, coats and hats used only, and usable only, as a rule, for the work for which they are designed, and street-car tickets with which to ride to and from your cases, can hardly be called salary or any part of the salary of a nurse. Let us be wise as serpents and coo-cooey as doves and we shall "last" longer and be loved just as much.

But as to the coo-cooey side. If it be true that a nurse is simply short-sighted, credulous or lacking in proper discernment, good judgment and independence, when she wears herself out, really unnecessarily, it is just as true that she lacks the true spirit of a nurse if she *can possibly* put any form of self-interest before her God-given privilege of—nursing. I thought to find a word or words that would better impress the nature of this privilege. But all it embraces is expressed in the one word: Nursing.

Is it foolish, can it be priggish to speak of ideals at this day and age of the world?

Never, when speaking to nurses.

In short, what is every true nurse's definition of nursing?

About this, isn't it?

The *best* care I can give to *all* who need *me*.

That does not mean to all who *call* me. We have already distinguished between those who call and those who need. Those who *expect* and those who *should get*.

But *all*, to my mind, means that no nurse should deliberately make up her mind to shut out any class of people or kind of sickness from her plans for nursing. In a large city, where there are many other nurses to take care of cases she "does not take," she *may* feel free to do so. But I should like to ask: "Should it be they of her own sex that she leaves out, and at their hour of greatest need?"

Should a great number of nurses from our large training schools plan on "not taking" maternity work?

From a business point of view they *may be* acting wisely, though I think that arrangements could be made whereby maternity nursing would not necessarily be financial loss to a nurse.

And from the idealistic point of view—well no one could make a very good poem on the nurse who gives over, often to untrained hands, the care of infant babies and the comforting and helping of young mothers, through the greatest physical agony they ever experience.

But while maternity work opens up to the nurse avenues of usefulness and of happiness such as, perhaps, no other department of nursing (if one may divide up nursing into departments) affords her, it offers its pitfalls too.

Maternity work becomes *easy* to some nurses at the fourth or fifth week, just when in most cases she ought to be "off the case."

When mother and baby are both well, it does not seem to me that a nurse is needed *in her own capacity*, for months at a time. And I think that it is much easier for nurses to maintain a proper *standing* in private families if they dismiss themselves when the need for their professional services is at an end.

If a nurse trundles a perambulator on the street for Mrs. A., then Mrs. B. next door is likely to ask her nurse to mend her stockings.

I am not trying to foster foolish pride in myself or any other nurse but I think that the dignity of the nursing profession (the maintaining of which is so essential to the success of the individual nurse) demands that the nurse shall always differentiate between *nursing a patient* and living at a patient's house "looking after" a well mother and a well baby. A nurse has that to give which *sick* people need. That is her work. That is her happiness. And there is plenty of work for her to

do—her own kind of work. She is not giving of her *best* if she contentedly puts in time *tending* a well baby, because the case is *easy*. To some nurses such work would be intolerable and the case the hardest possible. Personally I would rather nurse a delirious Indian than a well woman or a well woman's well baby, because I should feel that the woman was having me for an ornament or to save her from performing little (to her) disagreeable duties for her own baby between professional nurse time and nurse-maid time or before she feels it quite safe to entrust her baby to the care of a nurse-maid. And I refuse to do it. And I do not call the feeling that makes me refuse pride but a proper "putting" of responsibility.

A final word about the word *best* in our definition. That would mean, of course, the most intelligent, the most thorough, the most disinterested and the most loving, gentlest care.

Have you ever gone to a hospital so tired you could not begin to tell how tired you were, and sick and worried beside? If in that condition you have been put to bed in a nice, bright, warm room, "rubbed" and soothed by kind, gentle hands, "tucked in," cared for and given dainty, nourishing food to eat, and have had the little white-capped army one by one popping in and out—I've had it all so I *know*.

There is not a word strong enough to describe it but heavenly, and I do not wish to use that word, for this ministration to the needs of the sick takes place on *earth*, and the ministering spirits are nurses. And while I do not want to deprive the angels of their beautiful work, I do not want them to take over *mine*.

I think there are other things beside poetry that can straighten the wrinkles out of one's mind at resting time. I have never found anything that could do it so effectively, when I have been sick, as good nursing. I know now exactly what the oft-quoted lines everybody loves so well mean. I have experienced them.

"And the nights shall be filled with music,
And the cares that infest the day,
Shall fold their tents like the Arabs,
And as silently steal away."

Nursing is good enough for me, but I do it for nothing only when there is nothing to give me or when I have the privilege of nursing someone so dear to me that I ask for the privilege. Needless to say that doesn't happen *very* often when nursing just Mrs. Anybody for whom I was called.

DEMONSTRATION AT ROYAL VICTORIA HOSPITAL, MONTREAL.

The following is an account of a demonstration which is given every year under the direction of Miss Felter, nurse in charge of the operating theatre, Royal Victoria Hospital, to the students of the graduating class in medicine at McGill. The demonstration this year took place on the 22nd of February, and there were present about twenty American Gynecologists who were visiting the city at the time.

The first part was conducted by Nurse Fitzgibbon and Nurse Robertson, and they showed how the entire bedding and mattress of a very sick patient could be easily and quickly removed and replaced by fresh bedding and mattress without moving the patient from the bed, or causing him any discomfort, or subjecting him to the possibility of being chilled by any exposure. Both the visitors and students applauded the nurses for their dexterity and neatness.

The second part was conducted by Nurse Patterson, assisted by Nurse McMillan. Here they demonstrated how an ordinary room in an average house occupied by laborers, living many miles from the luxuries of a well-equipped hospital, could be quickly arranged in such a way that it would become a very serviceable operating room.

A well-lighted room, with well-scrubbed floor, with walls and ceiling bare but clean, was chosen for the operation. The floor was first covered with newspapers and over this were placed clean cotton sheets fastened at their edges to the floor. An ordinary kitchen table, washstand and tub containing 1 in 2000 formalin were the chief furnishings of the room. The table and stand were covered with clean sheets. The jugs and basins, previously boiled, were placed in the formalin solution and left there for two hours. A good substitute for a table pad was made by folding a cotton sheet over a blanket and each end of the pad was firmly secured by gauze fastened to the legs of the table. Probably the most ingenious contrivance was the formation of a Kelly-pad from one quarter of a blanket and a mackintosh. The instrument table was composed of two kitchen chairs covered with clean sheets and placed about three feet apart and with each back facing the other. These were connected with the covered leaves of an ordinary extension dining-room table. The common boiler used in washing clothes served as the sterilizer for instruments, dressings, towels and swabs. About four inches of water were necessary to immerse the instruments, suspended in a sac, while an upper compartment was made in the boiler by loosely hanging gauze firmly fixed around its mouth. In this compartment the dressings, towels and swabs were sterilized by live steam for an hour. The sterile and antiseptic solutions were then procured. Arrangements were made for placing the patient, if necessary, in the Trendelenberg position by equal sized wooden blocks placed at one end

of the table and ordinary hat-hooks fastened in the floor at the other end to prevent the table from slipping. As all the requisites were now in the room and all in position except the sterilized instruments, dressings and towels connected directly with the operation, the nurse timing herself by the clock rendered aseptic her arms and hands, and dressed herself in sterile gown made of two sterile sheets, headgear and gloves. She then placed the sterile towels on the table, the instruments and dressings thereon and everything was in perfect order for the operation.

Enthusiastic applause greeted the completion of the work and a vote of thanks was tendered to Miss Felter and her nurses for the useful and instructive demonstration which they had so kindly given.

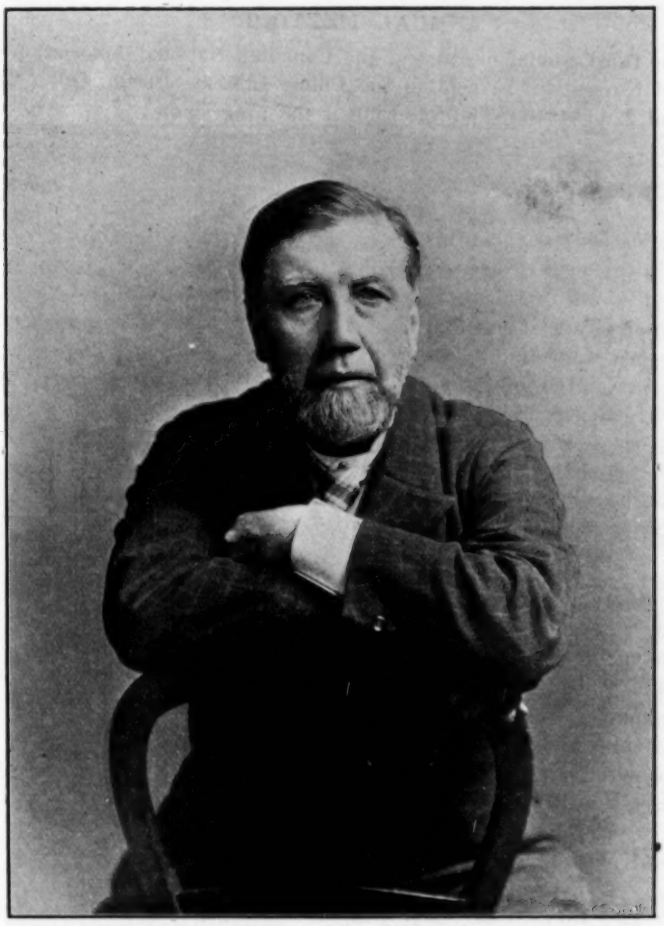
STATE REGISTRATION IN QUEENSLAND, AUSTRALIA.

The Australian Nurses' Journal reported in December that "The Nurses' State Registration Board of Queensland has issued the regulations dealing with the supervision of training schools, schedule of studies and methods of examination for General, Obstetric and Mental Nurses. These regulations, it is satisfactory to note, are for the most part based on those already adopted by the Australasian Trained Nurses' Association. Of course the one weak feature of the bill is that three years' training is accepted, with no regard as to the number of beds yearly occupied in the training schools for general nurses, but the wording of the bill leaves much to the discretion of the board in recognizing a hospital as a training school.

"There is one important omission in the clauses dealing with the schedule of studies in that it is not definitely stated that such lectures as medical and surgical nursing and midwifery must be delivered by duly qualified practitioners.

"Remuneration is paid to all examiners at so much per capita.

"The Queensland branch have judiciously circularized all the training schools, pointing out the advantages to be derived by the trainees completing the full number of years of training required by the A.T.N.A., as then the nurses will be in no way penalized when visiting other States, where only those registered by the A.T.N.A. are recognized as trained nurses."



MR. J. ROSS ROBERTSON

Mr. Robertson is known all over the continent for his unfailing kindness and generosity to the children and no less to the nurses. In witness of this note the Hospital for Sick Children, to which a large new wing is being added, and the residence in connection for the nurses. None like it exists on the continent, and there are many very fine residences.

About a year ago Mr. Robertson presented to the Toronto Graduate Nurses' Club the beautiful home, furnished throughout most beautifully and artistically, situated at 295 Sherbourne Street. This was surely a princely gift to the nurses and they are not inappreciative, as their ever increasing use of the Club House testifies. Mr. Robertson's interest in the success of the Club has never wavered. The directors always smile and look wise when some substantial gift comes quietly and unobtrusively into the Club—and this happens very frequently.

ANNUAL MEETING.

The third annual meeting of the Canadian National Association of Trained Nurses will be held in the Public Library, Berlin, Ont., May 21st and 22nd, 1913. The following is the programme:

WEDNESDAY, MAY 21ST, 1.45 P.M.

Meeting of Council.

2.30 P.M.

Invocation, Rev. H. W. Crews.

Address of Welcome, ex-Mayor Schmalz.

Address of President, Miss M. Ard MacKenzie, R.N.

Report of the Council.

Report of Secretary-Treasurer.

Report of Delegate to International Congress of Nurses at Cologne, Miss L. L. Rogers, R.N.

Report of Publications Committee, Mrs. W. Lyman.

Report of Committee on National Affiliation.

Election of Officers.

THURSDAY, MAY 22ND, 10 A.M.

Papers.

The Value of Nursing Organizations to the Private Nurse, Mrs. Paffard, Toronto.

Discussion led by Miss M. A. MacKenzie, Toronto.

Child Welfare, Miss Phillips, Montreal.

Discussion led by Miss E. H. Dyke, Toronto.

Eugenics, Dr. Helen MacMurchy, Toronto.

Post-Graduate and Special Training for Administrative Positions.

Discussion led by Miss R. L. Stewart, Toronto.

2 P.M.

Joint Meeting with the Superintendents' Society.

Subject: Registration. Four phases of a Registration Bill:

1. The Educational Requirements for Admission, Miss Wright, New Westminster, B. C.

Discussion led by Miss Kirke, Halifax.

2. The Appointment, Personnel and Duties of the Council, Miss Colquhoun, Montreal.

Discussion led by Miss Cooper, Indian Head, Sask.

3. The Terms of Transfer, Miss Neilson, Toronto.

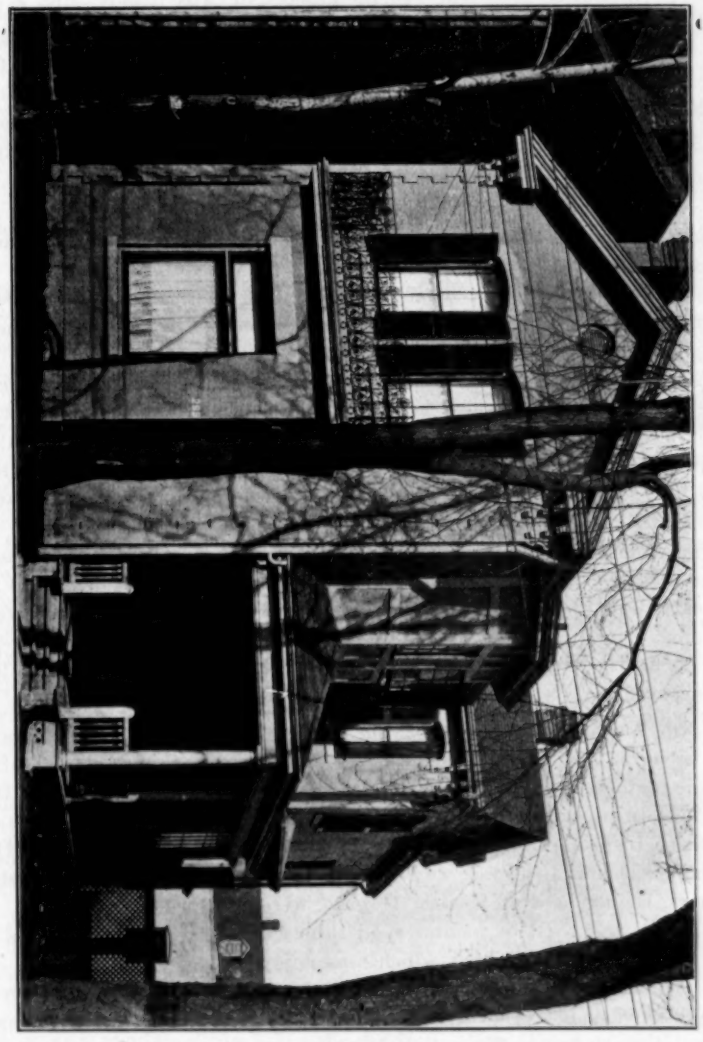
4. The Curriculum, Miss Bowman, Portage la Prairie.

Discussion led by Miss Crosby, Toronto.

Report of Dominion Registration Committee, Miss M. Ard MacKenzie, R.N.

Announcement of time and place of next meeting.

Introduction of President-elect.



THE TORONTO GRADUATE NURSES' CLUB
295 Sherbourne Street, Toronto

THE SCHOOL NURSE.

The regular monthly meeting of the Canadian Public School Nurses' Association was held March 3rd, 1913, at the Club-house, 295 Sherbourne Street, Toronto, at 3.30 p.m. In the absence of Miss Rogers, Miss E. J. Jamieson, first vice-president, took the chair.

After the usual business was handled, Mr. Hunt, the speaker for the afternoon, was introduced. Mr. Hunt is actively engaged in the University Settlement work in Toronto at 467 Adelaide Street West, which was at first one of the activities of the University Y. M. C. A. but which has since been enrolled by the University.

Mr. Hunt gave a very interesting sketch of the district and its needs, comparing the settlement to a clinic wherein were studied and treated evils arising from the social conditions prevailing—such evils as delinquency in children, domestic infelicities, destituton, the problem of income and outlay and the numberless variations arising out of these major problems.

Special attention is being paid to the Infant Welfare clinic held weekly when babies using the pure milk supplied by the Settlement depot are regularly inspected and good results tabulated. Much trouble is prevented by timely prevention. The pure milk is supplied by the Hospital for Sick Children and sold to the mothers at a nominal cost, easily within their reach. Conferences have lately been established in various parts of the city to which each philanthropic institution sends representatives. Here individual cases are discussed and the result is a hearty spirit of co-operation and better use of funds by avoiding overlapping.

A hearty vote of thanks was tendered Mr. Hunt and afternoon tea was served.

On Wednesday, February 28th, Shirley Street School, Toronto, was the scene of a very enthusiastic gathering when one hundred and fifty of the mothers and fathers of the district were the invited guests of the Medical Inspector and Nurse of the school. Dr. W. E. Struthers, Chief Medical Inspector, Miss Rogers, Superintendent of School Nurses, Dr. Doherty, Dental Inspector, and Miss Dyke, Supervisor of Public Health Nurses, Department of Health, Toronto, were the speakers.

After the feast of mental good things, another feast was served—hot coffee and sandwiches—which was enjoyed, too.

All manifested a keen interest in the work and realized that medical inspection has not come as an intruder but as a strong, kindly friend to assist and advise. These people will assist the good work by telling others of what they have learned and so strengthen the hands of the workers.

"Of what avail is legislation to obtain pure food products and pure

water, if these things are immediately contaminated the moment they enter an unclean mouth?" This question, asked by a writer recently in "Oral Health," gives the School Nurse the feeling of added responsibility. Not only is the responsibility for the improved health of each child hers, but she is answerable to the municipality if, by allowing these unhealthy conditions to remain, she wastes the public outlay of thought and time and money.—M. E. B.

Miss Cavanagh, graduate of Toronto General Hospital, and Miss Robinson, graduate of Johns Hopkins Hospital, Baltimore, are taking the post-graduate course in school nursing under Miss Rogers.

These nurses have been added to the staff of School Nurses of Toronto:—Miss M. Misner, graduate of Toronto Western Hospital; Miss W. Robinson, R.N., graduate of Johns Hopkins Hospital, Baltimore; Miss H. C. H. Denison, R.N., graduate of St. John's Hospital, Brooklyn, N. Y.; Miss E. F. Beal, R.N., graduate of New York City Hospital; Miss A. B. Hill, R.N., graduate of St. Luke's Hospital, Newburgh, N.Y.; Misses I. P. Courtice, I. Fergusson, A. McQuhae, M. Stirling, graduates of Toronto General Hospital; Miss Carrie Mott, graduate of Hospital for Sick Children, Toronto; Miss H. Shipley, graduate of Victoria Hospital, London, Ont.; Miss M. A. Thompson, graduate of Grace Hospital, Toronto.

Vancouver, B. C.—The annual report of the Medical Department of the Vancouver City Schools shows that during 1912 the school nurses made 68,350 inspections, 1,085 visits to schools and were successful in obtaining treatment for 2,912 children. This is about 65 per cent. of treatments. The percentage is not as high as we would like. We attribute this to two causes: (1) The indifference of the parents; (2) the lack of facilities for treatment for the poor. We are not as fortunate in the West as the Eastern school nurses, as we have not free dispensaries where we may take our needy ones.

It is expected that a dental clinic will be opened shortly in connection with the schools. We are looking forward to it eagerly and expect to find it a great benefit. The staff of nurses has been increased to four—Miss Mary Ewart, Toronto General Hospital, and Miss Adelaide Jeffers, Boston City Hospital, having received the appointments.

Dr. F. W. Brydom-Jack, Chief Medical Inspector, is giving a course of lectures on "Hygiene" to the nurses, who are finding them very valuable and instructive.

The Public School Board of Regina, Sask., is taking steps to establish a free dental clinic for poor children. The school population is increasing rapidly and the necessity for this work is becoming quite urgent.

Editorial

AMALGAMATION.

The question of amalgamating the Canadian Society of Superintendents of Training Schools for Nurses and the Caandian National Association of Trained Nurses was discussed at the annual meetings of both associations last year. The discussion will be resumed this year and some decision, it is expected, will be reached.

Two national organizations would seem unnecessary, especially when one—The National Association—includes all graduate nurses irrespective of their field of work. Then, too, a division of forces always spells weakness. One large, strong national organization is desirable, indeed is necessary for the proper, dignified development of the profession in Canada. And no small part of the responsibility of the National Association is the establishment of the "Spirit of Internationalism" in its members if they are to take their full share in the great work that falls to the International Association.

Organization, thorough and complete and all-embracing, is an absolute necessity to growth and progress. Begin, then, with the Alumnae Association. This keeps the nurse in touch with her Alma Mater and with her sister graduates, and inculcates the spirit which makes each member realize that she is no longer a private individual but a member of a noble profession whose honor and interests she must jealously guard. The Alumnae Association gives the touch of home that we need to keep us thoughtful, sympathetic, unselfish, true. No graduate can afford to ignore her alumnae. Every graduate a member should be the aim of each Alumnae Association.

Next should come the Provincial Association. This stands to promote the broader interests of the profession and should include every nurse in the Province whatever her branch of work. Independent local organizations are to be deplored. These weaken because they divide the interest and scatter the forces which should be concentrated upon the needs of the profession in the Province. Let the local organization be an integral part of the Provincial Association, and the unity and cooperation thus obtained will result in new strength and greater efficiency.

An inter-Provincial outlook and interest are, of course, also necessary, and should be included in the policy of each Provincial Association. (We are glad to note that in nearly every Province in Canada there is now a Provincial Association.)

Each Alumnae Association and Chapter in the Province should take a lively interest in the meetings of the Provincial Association, and should see to it that one or more delegates attend. The Provincial Association, in its turn, should so arrange its sessions that every nurse

attending, whatever her branch of work, may gather helpful hints and suggestions, while not missing the inspiration and enthusiasm that is kindled by contact with other workers. So the delegates will have something worth while to carry back to their associations.

Then should follow the National Association. This association must have a broad national and international outlook and should stand to foster and develop and guard the profession in its broadest interests. If the ideal membership has been realized by the Alumnae and Provincial Associations, there will be no difficulty about the membership of the National.

Every nurse in Canada will be a member through these other two associations. The maximum of assistance, guidance and support to every association represented in its membership, as well as the faithful discharge of its international responsibilities, should be the aim of the National Association. Its conferences should be arranged with these objects in view.

The Alumnae Association where possible, but especially the Provincial Association, should be responsible for the sending of delegates to the meetings of the National Association and should also do everything possible to give every association the benefit of verbal reports.

Organization would, in this way, be simple but complete, would conserve the energies of the nurses while giving them all the benefits of united, systematic effort. To make this most effective, a broad spirit of unity and good will must characterize all.

THE GRADING OF NURSES.

A paper was read at the convention in Hamilton in May, 1912, advocating the grading of all nurses—all those who nurse for hire—making the securing of a license from the Health Department necessary for those who have no training or only a partial training. This seemed, to some, to be a solution of the problem of providing efficient (?) care for the sick.

But could such care as that given by those holding such licenses be reasonably called efficient? And why should we consider our whole duty done when only unskilled, inefficient care is provided for those who have only a very limited amount of this world's goods? Is it a crime to be poor? The very fact that the sick one is poor calls for the greatest skill, ingenuity, foresight and tact on the part of the nurse that the best results may be obtained. The *best* nursing, not just any kind, must be provided for the sick poor.

Then, forsooth, we boast about our *profession*. Could nursing dream of being ranked as a profession if all sorts and conditions—untrained, partially trained, graduates of correspondence schools and

other special schools—were classed as *nurses?* Has any profession set us such an example? None.

Is such proposed grading right? Is it reasonable? Is it wise? Is it in the *best* interests of the sick? Every nurse who has given the subject serious thought will utter an emphatic NO.

And yet some people are advocating that the grading of nurses be embodied in the scheme of State Registration of Graduate Nurses.

The American Journal of Nursing tells us that this subject received the careful attention of the medical profession in New York at the meeting of the New York Academy of Medicine on December 19th, 1912. This journal, speaking editorially, says:

"This is one of the most unreasonable propositions that has yet been considered, and we regret to say that the plan suggested was previously brought forward by a nurse.

"We understand that the papers presented by the women who took part in this discussion in New York were so convincing in disapproval of this project that a number of the gentlemen who had formerly been in favor of it declared themselves converted to the nurses' point of view.

"As time goes on and various problems arise threatening the whole educational structure of nursing progress, we are more and more convinced that the only enemies we have to fear are those within our own ranks. The cause for which the great nursing body is struggling—a better type of woman, with a higher standard of education, that the sick in hospitals and in homes among the rich and the poor may have more efficient care—is so absolutely right and just and unselfish that it is bound ultimately to succeed. Progress, however, has always been retarded, and is being retarded to-day, by the disloyalty of women within our own ranks who for some reason join forces with those commercial influences that are against us. It is not to be expected that organizations composed of nurses shall be greatly different from other groups of people banded together for a definite purpose. There should be, if we are to progress, differences of opinion in order to maintain interest and to promote thought and effort, but on the great fundamental questions it ought to be possible to present a united front to the world.

"Much of the opposition in legislation and in the establishment of educational standards, which it has cost great effort to combat, has come about through the disloyalty of individual members in our organizations.

"Those who have not given careful study to this subject of the education of nurses, and who upon superficial examination think that such grading might be a happy solution of some of our difficulties, should read the paper presented by Miss Goodrich at the conference already referred to, and published in this issue (February, 1913) of the *Journal.* While her title is Inspector of Nurses, she is really at the head of what should better be called the Bureau of Nursing of the New

York State Education Department, and the opportunity which she is having of studying the nursing situation educationally and from the outside, after her many years of executive experience in hospitals, qualifies her to judge wisely and impartially of the whole nursing situation. We beg of all nurses, whether specially interested in the subject of nursing education or not, to read this paper by Miss Goodrich, and not to pass it over, as may sometimes happen, through stress of duties.

"We regret that space does not permit us to publish in full the paper given by Mrs. Twiss, president of the New York State Nurses' Association, in which she made a strong appeal to the medical men present not to undermine the good work already accomplished by trying to establish a triple, or even a double, standard of efficiency in the nursing world, and urged them to co-operate with the nursing body in its efforts to increase the efficiency of its service for the public good.

"Such discussions of difficult nursing problems by members of the medical profession and nurses are to be desired, as offering the only fair way of coming to reasonable conclusions on many of our nursing problems.

"We hardly need to repeat what is already well known, that there are so many attractive fields of occupation open to the educated young women of to-day that they will not enter that of nursing until it has been established on a better educational and professional basis."

We take the liberty of reproducing Miss Goodrich's paper from *The American Journal of Nursing* because it deals so effectively and conclusively with this difficult but important subject that is so vital to the very life of our profession.

REGISTRATION.

The Graduate Nurses' Association of Manitoba has got its bill through the House. Our heartiest congratulations to this association and to its worthy president, Miss Cotter, who has worked so nobly and so indefatigably. We rejoice in her success and in the fact that Manitoba leads in registration for nurses. We regret not being able to give particulars in this issue.

SCHOOLS OF NURSING.

Two of these in Toronto are spreading circulars broadcast, one with a view to recruiting its number of students, the other soliciting the taking of shares in the incorporated company.

The circular says: "The medical profession of Toronto recognize and appreciate the work of the school and its graduate nurses are in constant demand. From a business standpoint, no more successful investment can be made, for the school is thoroughly established, is

favorably known and the number of students is constantly increasing."

The Canada Lancet, speaking of one of these schools, says: "But the Royal College of Science gives courses in nursing. General nursing, 12 weeks, $100; obstetrical nursing, 6 weeks, $50; massage nursing, 6 weeks, $60; electro nursing, 12 weeks, $100; public school nursing, 6 weeks, $50. 'The course of instruction fits all kinds of nursing; it can be completed in months, instead of years, and taken by correspondence by those engaged during the day.'

" 'Fifteen to forty dollars a week is the general report from the Red Cross nurse.'

"We must stop or the members of the medical profession and the nurses trained in our hospitals will wish they had never heard of a medical college or a general hospital. The long years of training at the bedside is so tedious and so hard compared with this short cut to the promised land of 'power, influence and wealth.' "

A QUESTION.

A question comes to hand from one of the Western Provinces which is opportune in view of the approaching meeting of the Canadian National Association of Trained Nurses. It is this: "What is being done by the Dominion Committee on Registration? We have seen no mention in "The Canadian Nurse" of any activity on the part of that body. Almost a year ago a proposed bill was drafted and sent to the convener and nothing has been heard of it since."

We regret being unable to answer the questions of our correspondent, but "The Canadian Nurse" has had no communication whatever from this committee and has been under the impression that it had ceased to exist.

(The programme for the annual meeting of the National Association, received after this was sent to press, shows that a report from the Dominion Committee is to be given at that meeting.)

PLEASE ANSWER.

The Secretary of "The Canadian Nurse Editorial Board" in communicating with the members of the board has received no reply from the following members who may have changed their addresses: Mrs. Lott, Miss MacWilliams, Miss Chalmers and Miss Heales. If these members will send their present address to the Secretary, 39 Classic Avenue, Toronto, she will be very grateful.

The Guild of Saint Barnabas

Susan Emily Antrobus, foundress, and for thirty-six years Superior, of the Guild of St. Barnabas for Nurses, passed quietly to her rest on January 2nd, 1913, at Nice, France, whither she had gone in the hope of recuperating her failing health.

"She was our foundress, and none could love and serve the Guild so whole-heartedly as she had done, and we knew that it would have well-nigh broken her heart to have been called upon to cease to be "Mother" to us all. That she has been spared this sorrow that might have become a necessity, is one of the alleviations of the trouble of her friends at her loss."

This beautiful hymn was sung at her requiem:

THE LAND BEYOND THE SEA.

The Land beyond the Sea!
When will life's task be o'er?
When shall we reach that soft blue shore,
O'er the dark strait whose billows foam and roar?
When shall we come to thee, calm Land beyond the Sea!

The Land beyond the Sea!
Sometimes across the strait,
Like a drawbridge to a castle gate,
The slanting sunbeams lie, and seem to wait
For us to pass to thee, calm Land beyond the Sea!

The Land beyond the Sea!
Sweet is thine endless rest,
But sweeter far that Father's Breast,
Upon thy shores eternally possest,
For Jesus reigns o'er thee, calm Land beyond the Sea!—*Faber*

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908).

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street West, Toronto; Second Vice-President, Miss G. A. Read, 156 John Street, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Mrs. A. H. Paffard, 194 Blythwood Road, North Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Miss L. L. Rogers, R.N., 10 Geofrey Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss A. Carnochan, 566 Sherbourne Street, Toronto.

The regular monthly meeting of the Executive was held on February 20th at 3.30 p.m. at the Club, 295 Sherbourne Street, Toronto. Ten members were present, including Miss Smith, Chairman of the Hamilton Chapter.

The Treasurer reported a bank balance of $565.43. Advertisements are to be placed in different papers with the view of getting in touch with young women desiring to train as nurses.

Several suggestions for the annual meeting were received—"Oral Hygiene," "Free Dental Clinics," "Co-operation," in addition to those received at last meeting.

Arrangements are being made to include these in the programme. We regret that arrangements are not complete and we cannot publish the programme this month. It will, however, be in the hands of members in good time.

The report of the Hamilton Chapter showed that organization to be a thoroughly live and practical one. The nurses are seeking to bring under a central authority all the social service workers in the city, so that the greatest good to the greatest number with the minimum outlay of energy and means may be realized.

The President reported that the nurses of the twin cities—Port Arthur and Fort William—are discussing the organization of a Chapter.

Will every Alumnae in Ontario and every Chapter seek to have one or more delegates at the annual meeting. Give us the inspiration of your presence and the Executive will strive to have for you a "worth while" programme.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-President—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Miss E. F. Bell, 274 Charlton Ave. West.

Executive Committee—Miss Ainslee, 57 Bay St. South; Miss Laidlaw, 143 James St. South; Miss L. Overholt, 15 Tisdale St. South; Miss A. Carscallen, 143 James St. South; Miss B. M. Simpson, City Hospital.

Regular meeting, first Tuesday, 8 p.m., at the Nurses' Residence, City Hospital.

The regular monthly meeting of the Alumnae Association was held at the Nurses' Residence, City Hospital, March 4th. Miss Coleman, the president, occupied the chair. At the close of the business meeting Dr. Carrick gave a very interesting talk on "Emergencies," chiefly obstetrical, poisons and burns. The lecture was very much enjoyed by those present.

Miss Storms has returned from St. Mary's Hospital, Rochester (Dr. Mayer), and is doing private work in Hamilton.

Miss Anna Kells is at her home in Listowel, having given up her private nursing in the city.

Miss Mitchell, graduate 1912, having spent the last few weeks in Chicago and New York, has returned to her home in Scotland.

McArthur-Rothwell—In Saskatoon, Sask., on February 5th, 1913, Ada Rothwell, graduate 1911, H. C. H., to Neil McArthur, of Harwell, Sask.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay, The Poinciana, Sherbrooke St. W.

Secretary—Miss Fortescue, 611 The Lindsay Bldg., St. Catherine St.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

It is with great regret we have to record the death of two of our members, Miss Harriet McCullough and Miss Alice McIntosh, the latter a valued member of our committee.

We have learned, too, with sorrow of the grave illness of another old member, Miss Sarah L. Dawson, who has just undergone a very severe operation in the hospital at Collingwood, and send our best wishes for a speedy recovery.

We are pleased to learn that Miss Merriman, who is suffering from typhoid fever, is slowly recovering.

The monthly meeting of the Canadian Nurses' Association was held in the Medico Chirurgical Society's rooms on Tuesday evening, March 4th, when we listened to a delightful lecture by Dr. Archibald on "The Hotel Dieu of Paris and Some Phases of Medical Life in the Beginning of the Seventeenth Century." The doctor wrote his lecture in the form of a dialogue between a Roman house surgeon of the Hotel Dieu and a Huguenot student from the University of Montpellier. It was illustrated with limelight views. We hope to have it shortly to print in full so will not do more now than say it was most interesting and instructive. A standing vote of thanks was tendered Dr. Archibald, and our only regret was that so few of our members were able to be present.

In presenting the report of the Victorian Order of Nurses for the year which has just closed, it seems unfortunate that we cannot have present with us the nurses, the chief factors in making the year such a successful one, but we must remember that their absence attests in a most eloquent manner to their importance—they cannot be spared from their posts.

The year has been one of great expansion, of great encouragement and the future stretches before us more pregnant with possibilities of development than ever before in the history of the Order, because we have within reach the means to bring about the realization of these hopes for development.

The year's statistics say that our nurses have cared for 30,937 patients, and the nurses in the districts have made 211,540 visits, 7,614 of which were in answer to night calls; 540 days' continuous nursing were reported, and 48,321 hospital days. These figures mean that during the year there were 11,015 more patients cared for, 49,167 more visits paid, and 1,691 more night calls responded to, than in the previous year.

Sixty-five nurses have been admitted into the Order, eight have returned, eight are on the Reserve List, and twenty-nine have resigned. Of these, ten have resigned to be married, seven on account of ill-health, six to accept positions elsewhere, two to take post-graduate courses, one by request and three to take up other kinds of work.

It is of interest to note in this connection that one of our nurses in Vancouver has been chosen to fill the new and very important position of policewoman in the city of Vancouver.

The total number of nurses in active service under the Order at the present time is 232—an increase of 41 during the year. They are distributed as follows:

Nurses in districts, 135; Nurses in hospitals, 37; Nurses taking post-graduate courses in Training Homes, 31, and Nurses-in-Training in Hospital Training Schools, 29.

Fifty-one visits of inspection has been made by the Chief Superintendent and twenty-eight visits of organization.

Thirteen new branches have been opened, namely:—Districts at Dartmouth, Ste. Agathe, Berlin, Preston, Saskatoon, North Vancouver, South Vancouver, Burnaby; country districts at Innisfail, Bobcaygeon and Gaspé, and hospitals, a Lady Minto one at Islay, Alberta, and one in affiliation at Sedgwick, Alberta. Besides these, the Victoria Hospital at Thessalon, Ont., has been re-affliated.

Our country district at Lundbreck has closed, we hope, however, only temporarily.

Besides these districts Committees are organized at North Bay, Brockville, New Westminster, and this month a Victorian Order Nurse goes to take charge of the historic little hospital at Barkerville—The Royal Cariboo Hospital. A grant has been promised towards a hospital at Tofield, Alta., which will be built this spring.

Seven branches have increased their nursing staffs during the year, viz., Montreal, Toronto, Ottawa, Grand Mere, St. Johns, Sydney and Edmonton.

In all of the branches, with hardly one exception, the growth has been steady and healthy—in a few very rapid.

The Victoria District has grown, the Committee deemed it advisable to extend their territorial limits and now take in Ssquimalt and Oak Bay. This branch is working very closely with the Friendly Help and since the second nurse was added, it has been possible to make more pre-natal visits and to keep in touch with the new-born babies for at least a year.

In Vancouver there has been a continuation of the very excellent work reported last year, and through the exertions of the energetic and enthusiastic President, Mrs. Macauley, many of the outlying municipalities have been interested and, as a result, new branches have been organized:—South Vancouver, which opened with two nurses; North Vancouver, with one and Burnaby with two. Vancouver is one of our new Training Centres and in that capacity is doing splendidly.

The Revelstoke Hospital Society continues its good work through its three hospitals at Revelstoke, Arrowhead and Chase. The new hospital building at Revelstoke, which is nearing completion, is a handsome brick building with accommodation for fifty patients.

The Victorian Hospital at Kaslo has added a handsome new wing, making it possible to have one part of the building set aside for patients exclusively, the other part for nurses' quarters and administration purposes.

And, up in the ever-interesting Cariboo District, the little hospital at Quesnel, which is in affliation with the Order, is doing good work. The building has been improved since last year and every effort made, on the part of the Board, to make the institution a harbour of good for the whole district. The greatest praise should be given to the workers in such places away from the railway, every commodity costing the highest price, labour high and labourers few—for having triumphed over the difficulties and maintained, in the face of discouragement, high standards.

The Edmonton district has made rapid progress. Two extra nurses have been added. The staff now consists of three nurses—one being stationed in Strathcona.

The Calgary branch grows slowly. The High River Hospital has had a successful year. A Maternity Cottage was opened by the Board during the year, and they are now planning to put up a regular hospital building, as the need for such has become more and more apparent.

At Innisfail, Alta., a country has been working for nearly a year with great success and the Committee are planning to have a Nursing Home and two nurses.

Early in the year the Lady Minto Hospital at Islay was opened and has done excellent work. At times, however, it has seemed doubtful whether the people in the locality would be able to raise sufficient funds to keep the little hospital open. Miss Ada Teetgen, an Englishwoman, has done yeoman service in raising money for the building and for the maintenance.

The Lady Minto Hospital at Melfort has had a busy year. After very careful consideration the Board have decided to reopen the Training School in connection with the hospital.

The Victoria Hospital at Swan River has had a successful year. The Board have built a new wing and made some other very much needed improvements in the building.

The reports from Yorkton are good, because they indicate very rapid growth and plans for meeting that growth satisfactorily.

The hospitals at Indian Head and Shoal Lake are doing well and the Lady Minto Hospital at Minnedosa has been improved by the addition of a much needed verandah.

The Winnipeg district had a very successful year. They have a staff of six nurses.

The Copper Cliff Hospital, which was burned last year, is being rebuilt on the same good lines as before.

The Lady Minto Hospital at New Liskeard has had a very satisfactory year. The building has been improved very much by the addition of a handsome verandah.

The Queen Victoria Hospital, North Bay, continues to do its good work.

The Cobalt, Gravenhurst, Kingston, Stratford, Galt, London, Dundas and Brantford districts report a very successful year.

The Toronto district is growing—they have a staff now of fifteen nurses. The Committee are planning to secure a larger Home so as to be able to cope with the increased work.

During the year the Hamilton Committee have purchased a handsome Nurses' Home. They have a staff of four nurses.

The new district at Bobcaygeon has had a good beginning.

The Ottawa district has had an exceptionally good year. They have now a staff of fourteen nurses. During the year one of the three Milk Stations opened under the Board of Health, was put in charge of the V. O. N., and very good work has been done in supplying certified milk to the infants and also in educating the mothers as to the proper care of their little ones.

The hospital and district at Almonte are still doing their good work.

The Quebec branches:—Montreal, Ste. Anne de Bellevue, Lachine, Grand Mère, St. John's, Sherbrooke, Gaspé and Ste. Agathe are all satisfactory.

A Milk Station has been opened in connection with the Ste. Anne's district.

Grand Mère has now two permanent nurses.

The growth at St. John's has been splendid. The district was opened with one nurse at the beginning of the year, and now three nurses are employed, and at times a fourth is badly needed; 5,436 visits were made during the year.

Montreal has kept right along with its good work—and increases are again to be noted in every department. The staff has been increased from 51 to 61 nurses. They made 93,552 visits as against 69,189 last year, an increase of 24,363—and 4,414 of these were night calls. The school and tuberculosis work go on as usual. The need for more nurses in the schools has made itself more manifest, and it is hoped that before long definite steps will be taken to increase the number. The School Nurse is such an important factor in the Welfare Campaign. The Social Service Work, in connection with the tuberculosis problem is being kept up, and V. O. Nurses now assist at the Montreal and Hertzl Dispensaries. A nurse, too, is stationed at the Moore Home. Lectures in First Aid have been given by one of the staff at the Y.M.C.A. during the year.

Good work has been done in connection with the Clean Milk Stations, though not as much as was needed, on account of the lack of funds.

The Order played an important part in the Child Welfare Exhibit

which was held in Montreal in October, 1912. This proved most interesting and instructive, and judging by the numbers that attended was a great success.

The Committee are now planning to start a Mothers' Information Bureau in connection with one of the Milk Stations.

The Montreal branch is one of the Training Centres of the Order, and besides the instruction in practical work, an excellent course of lectures has been given to the nurses this year.

The branches in the Maritime Provinces are doing well. The reports of the St. John Branch are good.

Halifax has had a good year, though, unfortunately, a great many changes had to be made in the staff during the year. They are to have a Nurses' Home, which will be a great help, and we hope to establish a Training Centre there very soon. Plans are almost complete for opening a Clean Milk Station there in June.

Again, we are able to report an increase in the work done in Sydney—4,483 visits were paid, as against 3,505 last year.

Truro, Canso and Yarmouth are all doing well. Truro has begun the School Nursing. The Committee are planning to have a second nurse.

Such is a very short story of the branches from East to West. There is very much more that might be said about them for each one has its own particular points of interest, but time will not permit.

About the Order, as a whole, we are face to face with a number of problems, which have made themselves felt during these months, and which are due to its rapid growth. Some of these have already been solved. During the year an assistant to the Chief Superintendent was appointed, and she has proved a very great help in coping with the increased work.

Information is being asked for all the time from all over the world, and organization visits requested from all over Canada. Through those two channels much has been done in spreading knowledge concerning the Order first, but also in giving up-to-date information as to curative and preventive methods. During the past twelve months more and more of that knowledge has been diffused—the Order being, as it were, a large Bureau of Information on all matters pertaining to health. Much has been done, and may still be done, by means of correspondence, but it is the personal touch which counts for most in the Victorian Order system.

During the last few years there has been a gradual increase in the nurses' salaries, which is in accordance with our modern methods. To pay a salary to our nurses, while they are working, sufficient to enable them to put by for the proverbial rainy day, is much better than any system of pensions.

The time has come when steps will have to be taken to give more assistance to the Chief Superintendent in the work of inspection. And we should respectfully suggest a plan whereby a detailed inspection should be made by Assistant Supervisors, the Chief Superintendent still making her annual visits, but making a detailed inspection only where necessary as indicated by the Supervisors' reports.

We need more Training Centres. We have four at present:—Toronto, Ottawa, Montreal, Vancouver, and a prospective one at Halifax. The logical point for one is in the Centre West, and if it could be arranged, it would be very desirable to have one under the management and direct control of the Executive Council. In connection with the subject of Training Centres, we wish to urge so earnestly on the Committees in branches, where Training Centres are established, the sacred importance of that trust, which is imposed in them to guard jealously the high standards of the Order and to give a truly educative course to their post-graduate students. From now on, every effort should be made not only to continue good work begun but to keep up-to-date and give our students the very latest experience and instruction in district nursing and in all kinds of Social Service work.

In the Child Welfare Campaign the Victorian Order is taking an active part, but it should take a still deeper part. Provision should be made in all our districts to have pre-natal visits made regularly to all maternity patients, during the last three or four months of pregnancy, and the babies should be visited at regular intervals during the first year at least.

The Victorian Order is noted for its successful handling of maternity patients, but still more may be done, and the study of the Child Welfare question has pointed to us this further advance. Prevention is our last watchword.

And another need is for a Victorian Order magazine, which will not only diffuse Victorian Order news, but will also select and publish items of the latest news in the Social Service field. The magazine might be called "The Victorian Order Monthly and Social Service Review."

Another need that we believe the Order can meet best is for School Nurses in our rural districts. Much as the nurses are needed in the city schools the need is many times greater in our country ones. It would be handled by means of itinerant nurses.

Before closing this report we wish to thank the Committees throughout Canada for their good work and practical interest.

And, again, most sincerely do we thank our nurses in the various districts and hospitals. Much has been demanded of many of them in hard work, self-denial and patience and in nearly every instance they

have measured up to our standards and at the close of this year we are thankful to be able to say that we are proud of our corps of loyal workers.

All of which is respectfully submitted,

MARY ARD MACKENZIE.

March 6, 1913.

HOSPITALS AND NURSES.

Miss Margaret Fraser, Head Nurse in the Moose Jaw General Hospital, is spending the winter in Southern California.

Miss Betty Swanson, of the Jubilee Hospital, Vernon, has been appointed Head Nurse in the Moose Jaw General Hospital.

Montreal:—Miss Van Buskirk, M.G.H., '97, is in Montreal this winter, and is assisting at the Royal Edward Institute.

Miss Ida Hodd, M.G.H., '94, Lady Superintendent of the Lake Edward Sanatorium, has been in Montreal for a month's holiday. Miss N. A. J. Wilson, M.G.H., '01, took her place at the Sanatorium during her absence.

Miss Hadrill, M.G.H., '10, who has been in Vancouver, B.C., has returned to her home in Montreal, and has resumed private nursing.

We are sorry to hear Miss Renison, M.G.H., '08, is ill in the General Hospital with typhoid fever.

On St. Valentine's Day the members of the Montreal General Hospital Alumnae Association entertained the Graduating Class, Autumn Class, 1912, Spring Class, 1913, at the Nurses' Home of the Montreal General Hospital.

Dr. Winfield Scott Hall, Ph.D., M.D., of the Northwestern Medical University of Chicago, who visited Winnipeg during Janaaury, under the auspices of the Y.M.C.A. and Y.W.C.A. Associations, gave a very interesting and profitable lecture on "Social Ethics" to the Nurses. The lecture was given in the drawing room of the Nurses' Home, W.G. H., and a general invitation was extended to all Graduates, as well as the pupils of the Training School.

Miss Wilson, Superintendent of Nurses, W.G.H., is spending a few months in the South of France.

Miss Bowman, Superintendent of General Hospital, Portage la Prairie, was in the city for a few days in January, and was present at the regular monthly meeting of the Manitoba Graduate Nurses' Association.

Miss I. K. Bradshaw, who has been in charge of the Social Service Department of the W. G. H. since its inception, and who has so efficiently filled the position has resigned. The vacancy will be filled by Miss Gilroy, pro tem.

Miss Newcombe, who has been in charge of the Anti-Tuberculosis Work during the past year, has resigned, and the vacancy has been filled by Miss Champion.

Miss Wilkins, Class '07, W.G.H., has returned to the city and will do private nursing.

Misses Gibson and McKinnon, who have been private nursing in Calgary, are now doing private nursing in Vancouver, B.C.

Miss Jessie Reid, '07, W.G.H., is spending the winter in California.

Miss Fern Stewart, Graduate of General Hospital, Selkirk, Man., has gone to New York to take a post-graduate course.

Miss Aston, '07, W.G.H., is, we are pleased to say, quite well again, and is returning to the city from Ninette.

Miss E. M. Turner spent a day in the city during February.

Miss Ethel Reid, '08, W.G.H., is spending the winter in California.

Miss McLaurin, '05, W.G.H., and P. G. of Woman's Hospital, New York, is in charge of surgical department of General Hospital, Fernie, B.C.

Miss E. V. Niblett, Graduate of Vancouver General Hospital, is recovering after an operation for appendicitis, which she underwent in the Vancouver General Hospital.

Miss Randall, Superintendent of Nurses, Vancouver General Hospital, has just returned from a holiday visit to California.

Miss Pauline Rose, who has been one of the Head Nurses at the Vancouver General Hospital, has resigned to take up the duties of Matron of the King's Daughters' Convalescent Home.

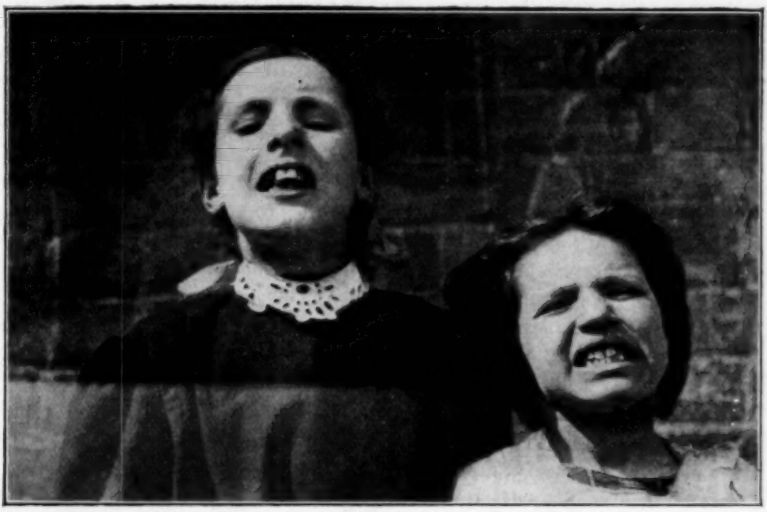
The many friends of Mr. Basil Sowter, late of the Vancouver Customs' staff, will hear with pleasure that he has been appointed chief clerk of the Customs at Edmonton, Alberta. Mr. Sowter, who had earned the esteem of his fellow employees at Vancouver during his residence here and was secretary of several of their organizations, married Miss Ida Bliss, a niece of Archdeacon Pentreath of this city. Last spring his health broke down and he was sent to Tranquille Sanatorium whehe he has benefited so greatly by the treatment that he is now quite well again and able to undertake his new and responsible duties. Mrs. Sowter is a Graduate of Vancouver General Hospital, and was Night Superintendent at Tranquille while her husband was there.

Miss Snively is now settled at 50 Maitland Street, Toronto, looking particularly well after her year of rest abroad. Miss Snively, though retired from active work, has not lost her interest in the profession. "Once a nurse, always a nurse." Her time is fully occupied by her work—educational and philanthropic—in her own church, on the Foreign Mission Board, in the Y. W. C. A., etc. In the midst of her many activities Miss Snively still finds time for addresses to graduating

classes. How splendid, for who can give wise counsel like one who has been through the fire!

Miss Nicol has taken the position of head nurse at Riverdale Hospital, Toronto, Miss McLellan having resigned to take up private work.

The Florence Nightingale Association of Toronto held its regular monthly meeting at the Club House, 295 Sherbourne Street, on February 4th at 8 p.m. There was a large attendance. Dr. G. W. Ross gave a most interesting and instructive address on "The Use of Toxin and Vaccine in Medicine."



The children that appeared in last issue, after three months' dental care

Many of the citizens, including the reverend clergy, several of the city doctors, and members of the Hospital Board, visited St. Joseph's Hospital, Guelph, Ont., on Tuesday evening, February 4th, to witness the closing exercises of the sixth Graduating Class from the Training School and to congratulate the following young ladies who have completed the three years' course:—Miss Clara Buckel, New Hamburg, Ont.; Miss Jessie Kieffer, Hesson, Ont.; Miss Marion Connolly, Linwood, Ont.; Miss Kate Kirby, Arthur, Ont.; Miss Marion Frank, New Germany, Ont.

At the completioi of the musical programme, which was tastefully arranged and executed under the supervision of Mrs. A. Kennedy and Miss T. Coffee, Rev. Father Doyle, S.J., presented the Hospital Medal, and briefly addressing the young ladies pointed out to them the necessity of keeping in mind their religious training at all times and particularly in the practice of their duties as trained nurses.

The diplomas were presented by Dr. A. MacKinnon, whose kind words of encouragement were much appreciated by the nurses.

The gold medal, presented by the Rev. Mother Superior,. St Joseph's Convent, Hamilton, for general proficiency, was won by Miss Clara Buckel.

At the close of the evening's pleasures refreshments were served in the dining room.

The regular meeting of the Florence Nightingale Association was held at the Toronto Graduate Nurses' Club, 295 Sherbourne street, on Tuesday evening, January 13th, fifteen members present. The President presided. After the regular business meeting Miss Ennis H. Dyke, R.N., gave a very interesting and instructive talk on the work of the Health Nurses of the city, the work they do, and how they teach those with whom they come in contact, helping greatly to relieve the poor and afflicted, thus facilitating their recovery.

Miss Scott, Superintendent of the Royal Columbian Hospital, New Westminster, B.C., has returned from her visit to large Eastern hospitals, whither she went with the object of securing information on which to base her recommendations for the furnishing and fitting of the new hospital.

The members of the recently formed Graduate Nurses' Association of New Westminster enjoyed themselves at banquet recently at the Russell Hotel. Miss Jessie T. Scott was toastmistress and suitable toasts were proposed by Miss Cassidy, Mrs. Dorgan, Miss Ruth Judge, Miss Scharley P. Wright, Miss Lily McCallum and Miss Grace A. Gray. The Graduating Class of 1913 of the Royal Columbian Hospital were the guests of honor. They are Miss Alcock, Miss McCallum, Miss Grant, Miss McAllister, Miss Percy and Miss Thompson. Among the other guests were Mrs. Major, Mrs. Heaton, Mrs. Cook, Mrs. Johnston, Mrs. Bourne and Miss Elwin.

Miss Annie Moyer has been appointed Secretary-Treasurer of the Alumnae Association of the Mack Training School, St. Catharines, Ont.

Miss Mabel Bruce, a Graduate of the Mack Training School, St. Catharines, has accepted the position of Superintendent of the General Hospital, Bowmanville, Ont.

Miss Olive Troxel and Miss Moore, also Graduates of the Mack Training School, have gone with Miss Bruce as assistants.

The Hospital at Big River, Sask., was recently destroyed by fire. The patients, some twelve in number, were safely removed to nearby houses. The mercury hovered around thirty below.

On Saturday, February 15th, at the General and Marine Hospital, Owen Sound, Ont., Miss Rose Wing, who has been for some time Assistant Superintendent, was presented with an amythest and pearl necklace by the members of the medical staff. Miss Wing, during her stay, has

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made herself very popular with the physicians, her skilled assistance having been a large factor in the success of the work, more particularly in the Surgical Department. General regret is expressed that her services could not be retained. She will continue to practice her profession in her home town of Berlin, Ont.

There was an unusually good attendance at the regular monthly meeting of the Alumnae Association of Vancouver General Hospital at the Nurses' Residence on February 3rd. Miss Wilson, the President, was in the chair. After the disposal of business, Miss Norcross read a paper descriptive of the V. G. H. as it was ten years ago. Miss Hart followed with an interesting account of the Graduates of the School from its establishment up to the present time.

Miss Judge then gave a brief and instructive résumé of the chief items of interest in the last nursing journals. The President then addressed the meeting for a few minutes on the need of more regular attendance at the meetings and other topics.

The energetic Programme Committee arranged to meet on the evening of February 5th at the home of Mrs. (Dr.) McIntosh, to outline the plan of campaign for the coming year.

Refreshments and general chat closed a very pleasant and instructive evening.

On Tuesday evening, March 4th, Mrs. Valentine, President of the Toronto Western Hospital Alumnae Association, entertained the members of the Association in honor of Miss Maud Cooke, whose marriage took place the next day. The Nurses took advantage of the opportunity to give Miss Cooke an aluminum shower.

Miss Cooke is a Graduate of the T. W. H., Class '08, and has held the position of Lady Superintendent of the Provincial Asylum for the Insane, Queen Street, Toronto, for the past four years.

Miss Lena Davis, Graduate of Toronto Western Hospital, Class '08, has been appointed Lady Superintendent of the Provincial Asylum for the Insane, Toronto.

The Alumnae Association of Kingston General Hospital has, for the past few years, endeavoured to keep up the linen supply of the Nurses' Home. Each year the efforts of the members have met with a hearty response from their friends and those interested in the Hospital. This year, on account of the general appeal made by the Ladies' Aid for the "Festival of Empire," the Nurses were reluctant to ask their friends to contribute again. A plan was laid before the Association by Masonic friends of the Hospital, which had been successfully tried by other societies, viz.: that the Alumnae Association take charge of the Lodge Dinner. The suggestion was approved, and the officers deserve a great deal of credit for the prompt and systematic way they set out

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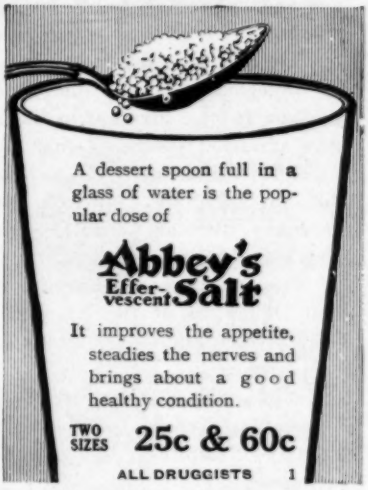

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to make the dinner a success. The Masonic friends of the Hospital rendered material aid by donations of money, by providing for light, heat and flowers, as well as by general assistance, the Association paying only for the provisions.

The Lodge warmly congratulated the Alumnae on the success of its undertaking. Over one hundred dollars was realized. Part of this was at once invested in linen for the Nurses' Home and the Nurses have arranged several sewing meetings to get the linen ready for use.

The regular monthly meeting of the Alumnae Association of the Hospital for Sick Children, Toronto, was held at the Residence, on February 13th, at 3.30 p.m., the President in the chair. There was a very good attendance.

Mrs. Clutterbuck, Regent of the Heather Chapter of the Independent Daughters of the Empire, spoke of the work being done by the Chapter, and the desire of the I. O. D. N. to have the Nurses' Chapter very strong.

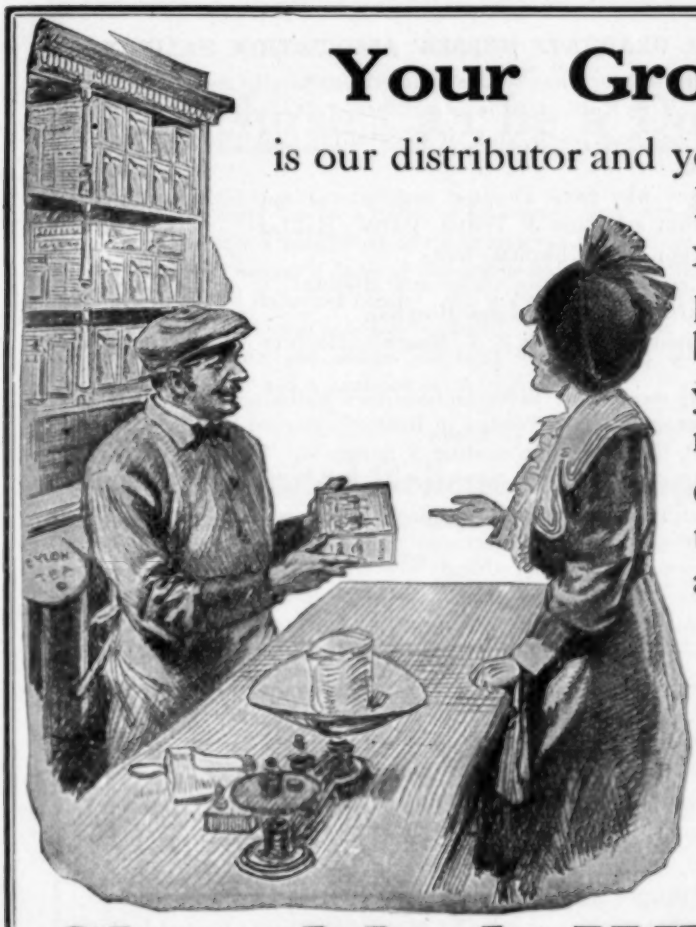
Miss Anna Connor, President of St. Michael's Hospital Alumnae Association, Toronto, underwent a serious operation recently at St. Michael's Hospital. We are happy to report that she is progressing favourably.

The regular monthly meeting of the Toronto Central Registry Committee was held at the Registry Office, 295 Sherbourne street, Monday, March 3rd, at 3 p.m. Miss Argue occupied the chair in the absence of the Convener, Miss Christina Mitchell. Seven members were present.

Registrar's Report for February, 1913:—Total number of calls, 356; Registry extension cases, 2; visiting cases, 2; Metropolitan Life Insurance visiting cases, 26. Fees received in February, $195.00; received from sale of charts, $5.90; disbursements, $166.60. Total balance, $1,686.58. Twelve Nurses joined Registry in February; ten applications were considered, nine of which were accepted.

The Banquet of the Graduate Nurses' Association of New Westminster, B.C., given in honour of the Graduating Class, 1913, of the Royal Columbian Hospital, at Hotel Russell, was thoroughly enjoyed by all who had the honour to be present.

Miss Jessie T. Scott was toastmistress. The toasts were:—The King and Empire, Miss Cassidy; Our Province, British Columbia, Mrs. Dorgan; the Medical and Nursing Profession, Miss Ruth Judge; Our Guests, Miss S. T. Wright; the New Graduates, Miss Lily McCallum; Au Revoir, Miss Grace A. Gray. "For the Days o' Auld Lang Syne" brought a most delightful and much enjoyed function to a reluctant close.



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NOVA SCOTIA GRADUATE NURSES' ASSOCIATION, HALIFAX.

Miss Jean Rutherford has been appointed assistant to the Registrar at "Restholm." Miss Rutherford is a Graduate of St. Joseph's Hospital, Glace Bay, and has been on the staff of the Halifax Children's Hospital for eight months.

Other nurses who have accepted institutional appointments are:

Miss E. Grant and Miss J. Young, V.O.N., Halifax.

Miss B. Grant, Turo Hospital, N.S.;

Miss E. Kierstead, Halifax Children's Hospital.

Miss F. Marshal, Picton College Hospital.

Miss M. Grumbley and Miss B. T. Meagher, Harbour View Hospital, C.B.

The monthly meetings at Restholm have been well attended. A very interesting paper on District Nursing in Ireland was read by Miss S. A. Barrington. At the December meeting a lecture on "Emergencies of Obstetrical Nursing" delivered by Dr. M. A. Curry, was listened to with great appreciation. Dr. Curry prefaced his remarks with complimentary expressions of the object and undertakings of the Association and the work which it had already accomplished, as a medium of social intercourse to the Nurses themselves, a protection to the public and an invaluable assistance and source of information to the doctors. He assured the members of the confidence and support of the Medical Association.

Good wishes and congratulations are offered to Mrs. G. Hiltz (née Miss G. Roy, R.N.), Yarmouth, and to Mrs. A. Adams (née Miss B. Williams), of South Boswick, recently married. Miss Roy was a Graduate of St. Luke's, New York, and Miss Williams of the Royal Berks Hospital, England.

The Home Bureau, Elms Court Apartments, 27 Irwin Avenue, Toronto, is now under the management of Miss J. M. MacKedie, graduate of the Lady Stanley Institute, Ottawa. Miss MacKedie keeps supplies of sterile dressings for surgical and obstetrical cases always ready, and fills orders for any special supplies. Miss MacKedie will be glad to have you call in person or by telephone, North 226.

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Regular meeting, second Tuesday, 3 p.m.

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Representatives on Central Registry Committee—Miss W. Ferguson, Miss C. A. Mitchell.

Representative "The Canadian Nurse"—Miss Lennox, 107 Bedford Rd.

Regular meeting, First Friday, 3.30 p.m.

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Press Representative—Miss M. Gray, 505 Sherbourne St.

Representatives on Central Registry Committee—Miss McCuaig, 7 Bernard Ave.; Miss Gray, 505 Sherbourne St.

Representative, "The Canadian Nurse"—Miss G. A. Gowans, 5 Dupont St.

Regular Meeting—Second Thursday, 3.30 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss J. G. McNeill; Secretary, Miss Annie Day, 86 Maitland St.; Treasurer, Miss M. Fogarty, corner Pape Ave. and Gerrard St.; Executive Committee, Misses Hallett, McFadyen, Stretton, Mannering and McLellan.

Conveners of Committees—Sick Visiting, Miss Hallett; Programme, Miss McFadyen.

Representatives on Central Registry Committee—Misses Pigott and Semple.

Representative "The Canadian Nurse"—Miss J. G. McNeill, 505 Sherbourne St.

Regular Meetings—First Thursday, 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

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The Canadian Nurse Representative—Miss VanEvery, R.N., 116 Fermanagh Ave.

Regular meeting, first Tuesday.

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MARRIAGES.

MOLLOY-WHITE-HUGILL—At Swift Current, Sask., on February 8th, 1913, Miss Ada E. Hugill, graduate of Mountainside Hospital, Montclair, N.J., and of Lying-in Hospital, New York, to Mr. James Molloy-White.

ANDERSON-KNEEN—On February 27th, 1913, at the residence of the bride's father, 110 Mance Street, Montreal, by the Rev. Robt. Johnson, D.D., Eva Florence, second daughter of Daniel Kneen, to John Anderson, of Amulet, Sask. Mrs. Anderson is a graduate of the Montreal General Hospital, class '09. Mr. Anderson is a brother of Miss Anderson, M. G. H., '11.

FISHER-HENDERSON—At Vancouver, B.C., on December 17th, 1912, Miss S. V. Henderson, graduate of Lady Stanley Institute, Ottawa, to Dr. A. Fisher, Calgary, Alta.

BAILLIE-COOKE—On March 5th, 1913, at St. Stephen's Church, Toronto, Miss Maud Cooke, graduate of Toronto Western Hospital, class '08, to Dr. William Baillie, Toronto.

DEATHS.

WALLACE—On February 5th, 1913, at the home of Captain R. Chestnut, 2 Lyman Street, St. Catharines, Jessie Wallace, graduate of the General and Marine Hospital, St. Catharines, class '08. Miss Wallace was engaged in private nursing up to the time of her illness, which was caused by typhoid-pneumonia, and extended over a period of twelve weeks, when death came from heart exhaustion. She was Secretary-Treasurer of the Alumnae Association for some time and was always interested in all that pertains to the best interests of the nursing profession. The officers and pupils of the Mack Training School as well as a large circle of warm friends join with the Alumnae Association in sorrow at her loss.

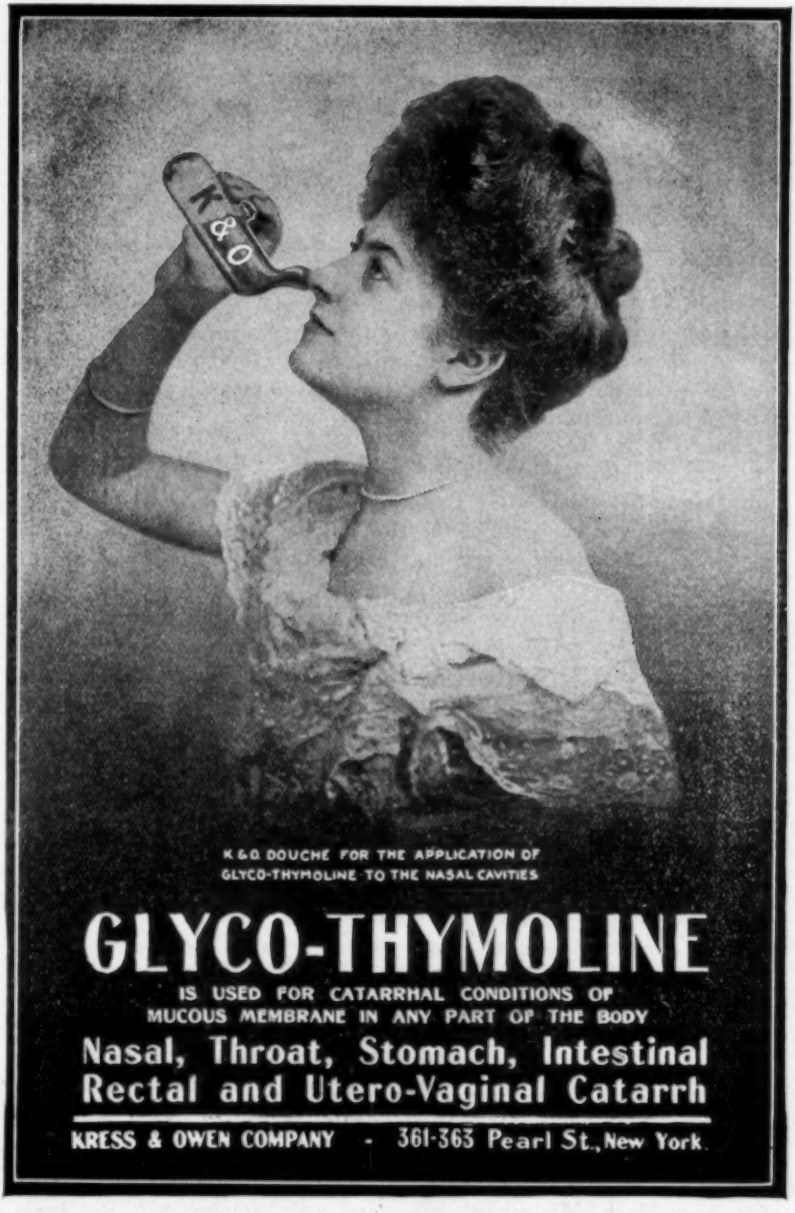
ROGERS—In Montreal, of pneumonia, on March 2nd, 1913, Edgar Watson Rogers, infant son of Edgar and May Rogers, of Winnipeg, aged eight months.

THE TORONTO GRADUATE NURSES' CLUB.

The Riverdale Hospital Alumnae Association held a most delightful dance on St. Valentine's night, about sixty guests being present. Miss Mathieson and Miss McNeil receiving. A great many of the Graduates of other schools were present, which added greatly to the pleasure, making it a reunion as well.

The decorations and refreshments were carried out to suit the occasion and the dance was voted a great success.

The Women's Puss Club held an "Alice in Wonderland" Party on the Saturday following. The President, Vice-President and Secre-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